



MORGAN HILL RECREATION PRE-SCHOOL

CLASS REGISTRATION FORM

(T/TH AM Little Learners (LL) 2009-2010)

CHILD'S NAME: _____ BOY: _____ GIRL: _____
(By recreation staff only: DOB _____)

CHILD PREFERS TO BE CALLED: _____ BIRTHDAY: _____ AGE: _____

PARENT 1 NAME: _____

PARENT 2 NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE (HOME): _____ PHONE (CELL): _____

EMAIL ADDRES: _____ EMAIL ADDRES: _____

☐ Ok to use our names, address and phone number for a master class list. Please list any custody arrangements our staff should be aware of:

Does child speak English? _____ If not, what language is spoken? _____

LIABILITY RELEASE: IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA and City of Morgan Hill (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA or City of Morgan Hill, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA or City of Morgan Hill for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA AND CITY OF MORGAN HILL FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA OR CITY OF MORGAN HILL, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. **Photo Release:** I agree to allow the use of my photograph for program publicity.
2. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents or City of Morgan Hill elected officials, officers, employees, agents and representatives (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA or City of Morgan Hill.
3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA and City of Morgan Hill premises or in any way observing or using any facilities or equipment of the YMCA or City of Morgan Hill or participating in any program affiliated with the YMCA or City of Morgan Hill whether caused by the negligence of the releasees or otherwise.
4. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA or City of Morgan Hill and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA or City of Morgan Hill.
5. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. **I HAVE READ THIS RELEASE.**

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

☐ Participant ☐ Parent ☐ Legal Guardian

MORGAN HILL RECREATION PRE-SCHOOL

EMERGENCY/MEDICAL RELEASE AND ALLERGY INFORMATION **& DROP-OFF/PICK-UP AUTHORITY FORM**

(T/TH AM Little Learners (LL) 2009-2010)

Child's Name: _____

Date of Birth: ____ / ____ / ____ Age: _____

Home Address: _____

EMERGENCY CONTACT DURING PRE-SCHOOL HOURS (Parents/Legal Guardian)

Mom's Name: _____ Dad's Name: _____

Cell Phone: _____ Cell Phone: _____

Work Phone #: _____ Work Phone #: _____

Email: _____ Email: _____

Legal Guardian's Name: _____ Cell Phone: _____

Work Phone #: _____ Email: _____

ALTERNATIVE EMERGENCY INFORMATION

INFORMATION REQUIRED BY STATE LAW

Name Phone Relationship

Physician's Name _____

Health Insurance Co: _____

Policy Number: _____

Family Physician: _____

Phone: _____

Family Dentist: _____

Phone: _____

MEDICAL HISTORY – PAST OR PRESENT

Asthma _____ Yes _____ No

ADD/ADHD _____ Yes _____ No

Heart Defect _____ Yes _____ No

Head Lice _____ Yes _____ No

Recent Hospitalization _____ Yes _____ No

Sleep Walking _____ Yes _____ No

Currently under Dr. care _____ Yes _____ No

Tuberculosis _____ Yes _____ No

Seizures _____ Yes _____ No

Chicken Pox _____ Yes _____ No

Diabetes _____ Yes _____ No

Measles _____ Yes _____ No

German measles _____ Yes _____ No

Autism _____ Yes _____ No

Other Diseases or Conditions _____

For each **YES**, please explain: _____

ALLERGIES

PLEASE CHECK:

Hay Fever	____ Yes ____ No	Bee Stings	____ Yes ____ No
Oak/Ivy Poisoning	____ Yes ____ No	Penicillin	____ Yes ____ No
Peanuts	____ Yes ____ No	Tree Nuts	____ Yes ____ No
Milk	____ Yes ____ No	Eggs	____ Yes ____ No
Wheat	____ Yes ____ No	Soy	____ Yes ____ No
Animals (cats, dogs, etc)	____ Yes ____ No	Other	____ Yes ____ No

For each **YES**, please explain: _____

Does your child have any handicap or other specific concern we should be aware of? _____

DROP-OFF/PICK-UP AUTHORIZATION

How should your child's program departure be handled at the end of the day period?

_____ My child is to be picked up ONLY by a parent

_____ My child can be picked up by authorized persons listed below

The following people have my permission to pick up my child from this City of Morgan Hill Recreation Pre-School:

NAME _____ RELATIONSHIP _____ CELL #: _____

NAME _____ RELATIONSHIP _____ CELL #: _____

NAME _____ RELATIONSHIP _____ CELL #: _____

We will care for your child until you or another adult named above arrives to proceed with checkout. There is a pick-up charge of \$1 for every minute you are late after 10 minutes your class ends.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

☐

Participant

☐

Parent

☐

Legal Guardian

MORGAN HILL RECREATION PRE-SCHOOL

OFFICE PAYMENT FORM (T/TH AM Little Learners (LL) 2009-2010)

CHILD'S NAME: _____ BOY: _____ GIRL: _____
(By recreation staff only: DOB OK _____)

CHILD PREFERS TO BE CALLED: _____ BIRTHDAY: _____ AGE: _____

MOTHER'S FIRST NAME: _____ FATHER'S FIRST NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE (HOME): _____ (CELL): _____

EMAIL ADDRES: _____ EMAIL ADDRES: _____

PAYMENT SCHEDULE FOR KINDER LEARNERS M/W/F AM (FOR OFFICE USE ONLY)

CLASS #	CRC Member Fee	Resident Fee & Non CRC Member Fee	Non Resident	CHECK #	CASH	CHARGE	RECEIPT #	COMMENTS
Deposit Fee	\$75.00	\$75.00	\$75.00					
September 2009	\$145.00	\$155.00	\$165.00					
October 2009	\$145.00	\$155.00	\$165.00					
November 2009	\$145.00	\$155.00	\$165.00					
December 2009	\$145.00	\$155.00	\$165.00					
January 2010	\$145.00	\$155.00	\$165.00					
February 2010	\$145.00	\$155.00	\$165.00					
March 2010	\$145.00	\$155.00	\$165.00					
April 2010	\$145.00	\$155.00	\$165.00					
May/June 2010	\$145.00	\$155.00	\$165.00					

Name on Credit Card

Credit Card Number

Expiration Date

I authorize the City of Morgan Hill Recreation Department to charge my child's pre-school payment on the first day of each month beginning August 2009 until May/June 2010.

PRINT NAME: _____ SIGNATURE: _____ DATE: _____

☐

Participant

☐

Parent

☐

Legal Guardian

RETURN